

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (In this place) <u>About 18 days</u>		d. STREET ADDRESS (If rural, give location) <u>515 Fisk Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employees Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u> b. (Middle) <u>Wayland</u> c. (Last) <u>STEINBACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1953</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 Hrs. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>B.&B. Carpenter (Rtd)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Prairie Hill Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	---	--	---	--	---	--

13a. FATHER'S NAME <u>Louis Henry Steinebach</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rachel Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Folkes Steinebach</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>		16. SOCIAL SECURITY NO. <u>702-05-7085</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Steinebach</u> ADDRESS <u>515 Fisk Ave Moberly Mo</u>	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>			DUE TO (b) <u>Coronary Heart Disease</u>			1 week		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Jan. 30, 1953 to Feb. 17, 1953 that I last saw the deceased alive on Feb. 17, 1953 and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Avery P. Howlett, M.D.</u> (Name or title)			23b. ADDRESS <u>415 Woodland Moberly, Missouri</u>		23c. DATE SIGNED <u>2/17/53</u>	
--	--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>	
---	--	----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>2-20-53</u>		REGISTRAR'S SIGNATURE <u>Leah Buchanan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Winkelmeyer</u> ADDRESS <u>Salisbury Mo</u>	
---	--	--	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

883
0

0883
0

MAY 1 1908

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas B Winkelmeyer

Licensed Embalmer No. *3842*

P. O. Address: *Salisbury, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.